THE BATTLE OF THE BOTTLE: EXERCISE INTERVENTION WITH PROBLEM DRINKERS
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Alcohol is the most commonly-abused substance around the world and the WHO (2004) estimated that 76.3 mil. people suffered with alcohol-related problems (ARP). Patients with ARP require specific therapies, frequently reveal psychomotor difficulties and aren’t fit enough. In addition to their alcohol intake, they are frequently heavy smokers, with unbalanced nutritional behaviors and signs of alcohol-related organic damages These include a reduction in VO2 max, muscle weakness, unstable joints and disturbed conduction of motor nerve stimuli. The low fitness level can be considered as both an effect and a cause of alcohol abuse, the passive, inactive attitude of drinkers is one of the main causes of the physical deterioration observed in these patients.

In a clinical psychiatric setting, we have been running a physical activity program for alcoholic patients, as a part of a multidimensional treatment, that includes general medical care, cognitive-behavioral group psychotherapy, problem solving, health educational groups and art therapy. The exercise program consists of 3 times per week sessions. The aim of this study was to evaluate the efficacy of an exercise program in a group of hospitalized patients in treatment for ARP. The study was design as pre-post. The sample was composed of 46 inpatients (65% men, 35% women; age ranged 22-72 M=44, SD=12; BMI M=24.89, SD=3.99) The inclusion criteria required the presence of an alcohol abuse disturbance according to DSM-IV-TR criteria. All participants were diagnosed current and past conditions using SCID-I, SCID-II, SCL-90, MAST and MINI. Both clinician-administered and self-administered instruments were used for the present study. On admission participants were submitted to a set of tests, they were retested on discharge. The physical fitness test battery was derived from the EUROFIT and included the estimation of VO2 max (by means of the Åstrand 3 levels test), balance, trunk flexibility, abdominal strength and hands’ speed and coordination. At the same time the participants completed a set of questionnaire including: SF-36, Rosenberg self-esteem scale (pre-post), Decisional balance (pre-post), PACES (Physical Activity Enjoyment Scale) (pre-post), adapted PASE (Physical Activity Scale for Elderly). Moreover, background, personal socio demographic and occupational information, details of any family history of psychiatric or alcoholic illness were obtained from patients.

The results of the study confirmed the low fitness of participants on admission and indicate significant improvements in the physical performances on discharge, particularly for flexibility, t -2.07 (41) p<.045, abdominal strength, t -2.822 (39) p<.007, speed and coordination, t 5.46 (45) p <.000, and balance t 3.08 (31) p<.004, and a positive modification in self-esteem p <.001. Our communication underlines the correlation between physical fitness, psychological attitude toward movement and the modification in the psychopathological conditions of patients.
Keywords: Self-Esteem, Adapted Physical Activity, Alcohol Abuse